

AUTHORITY FOR RELEASE OF MEDICAL & NON-MEDICAL INFORMATION

I ANN QUILLIGAN.....[name], born 07-12-1966
of 21 DALE FARM.....[current address]
BILLERICAM

authorise the release of medical and non-medical information concerning myself and
my children

PATRICK.....[name], (born 17-08-1995)

(NELLIE)
~~HELEN~~ HELEN.....[name], (born 24-03-2000)

 [name], (born,.....)

.....[name], (born,.....)

.....[name], (born,.....)

to my solicitors, Davies Gore Lomax, 63 Great George Street, Leeds LS1 3BB, and to
those instructed by my solicitors.

Signed:

Dated: 21-05-2009

Information:

I have attended hospital at * HELEN ATTENDS
GT ORMOND ST HOSPITAL

The consultant was.....

My doctor is.....

of WICKFORD HEALTH CENTRE